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DE	CLARA	TION FOR	Attorney Docket Number	90174			
UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)			First Named Inventor	Mathew John Smith			
			COMPLETE IF KNOWN				
☑ Declaration Submitted with Initial Filing		Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Application Number	To Be Assigned			
	OR		Filing Date	Of Even Date			
			Group Art Unit				
			Examiner Name				

As a below named inventor, I hereby declare that:									
My residence, post office address	My residence, post office address, and citizenship are as stated below next to my name.								
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:									
RESTRICTING DEVICE									
(Title of the Invention)									
the specification of which									
⊠ is attached hereto OR									
was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY) (if applicable).									
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.									
I acknowledge the duty to disclose	I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.								
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.									
Prior Foreign Application Numbers	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed						
0217908.3	8.3 GB		0000	0000					
I here by claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.									
Application Number(s)	plication Number(s) Filing Date (MM/DD/YYYY)			Additional provisional application numbers are listed on a supplemental priority data sheet TPO/SB/02B attached hereto.					

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

I hereby claim the ben designating the United disclosed in the prior U acknowledge the duty between the filing date	States of a nited State to disclos	Americ tes or P se infor	a, listed CT Inte mation	below and, ins mational applic which is mater	ofar catio	as the sul on in the m o patental	bject ma anner p pility as	atter of or provided defined	each I by th I in 37	of the claim ne first para 7 CFR 1.56	s of grap whi	this application is not oh of 35 U.S.C. 112, I ich became available
U.S. Parent Application or PCT Parent Number				Parent Filing Date (MM/DD/YYYY)			1	Parent Patent Number (if applicable)				
PCT/GB2003/002760				06/27/2003								
Additional U.S. o	r PCT inte	emation	al appli	cation number	s are	e listed on	a suppl	lementa	ıl prio	rity data sh	eet l	PTO/SB/02B
As a named inventor, I	hereby a	ppoint t	he follo	wing registered	i pra	ctitioner(s) to pro:	secute 1	his a			
business in the Patent	and Trade	emark (Office co		with	: 🛛	Cu	ıstomer i	Numb	er <u>093</u>	<u> 35</u> :	5
				OR Register	ed p	ractitioner(s) name/r	registrati	יעת חם	mber listed b	ėlow	
Name			Registration Number Name					Registration Number				
Additional registers	ed practitio	ner(s) n	amed or	supplemental i	Regi	stered Prac	titioner t	Informati	ion sh	eet PTO/SB	/02C	attached hereto.
Direct all corresponden	Ø		ner Number Code Labei	09	355_		OR		Correspon	denc	e address below	
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City/State/Zip	Orla	Orlando, Florida 32802-3791										
Country	U	IS.		Telephone	(407) 84	1-233	30	F	ax (407	7) 841-2343
I hereby declare that all belief are believed to be like so made are punis jeopardize the validity of	e true; an hable by 1	d furthe fine or i	or that th mprison	ese statement ment, or both,	ts w und	ere made er 18 U.S.	with the	knowle	dge t	hat willful fa	alse	statements and the
Name of Sole or First Inventor A petition has been filed for this unsignation.						signed inventor.						
Given Name (first and middle — [if any]) Family Name or Surname								10				
			· 	Mathe	w_J	<u>ohn Sm</u>	ith					
Inventor's Signature	Mauto							Date		21/01/05		
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Additional inventors are	e being nan	ned on t	he :	supplemental add	dition	al Inventor(s) sheet(s) PTO/S	B/02A	attached he	reto.	

